



Town of Ipswich Board of Health

25 Green Street
Ipswich, MA 01938
978-356-6605; Fax 978-356-6680

Application for Biological Waste Hauler Permit

FEE \$50.00 / per vehicle

In accordance with M.G.L. c.111, Section 31A & 31B, the undersigned hereby makes application to the Board of Health for permission to remove and transport Biological or Medical waste.

Name of Applicant: _____

Applicant Address: _____

Applicant Phone #: _____ **Applicant Fax #:** _____

Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Business Phone #: _____ **Business Fax #:** _____

Name of Owner/Corporation Name: _____

Motor Vehicle Registration – Make/Model/Color/Capacity (Gallons): ** attach a copy of each vehicle's registration.

Explain the general nature of your business and the type of biological waste you propose to transport:

List locations where Biological Waste will be disposed of (include a copy of the contract or approval for use of the disposal location):

BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED

List all personal protection and first aid equipment that you carry in your vehicle:

List all items in your spill kit:

Have you or your employees that will be handling biological wastes been vaccinated against Hepatitis B:

The labels affixed to my infectious waste containers SHALL have the international Biohazard Symbol in red, and will also contain the following information:

How long must you maintain a copy of the manifest on file?

****Provide proof of possession of at least \$100,000 of general liability insurance**

I certify that the information I have provided above is true and accurate. I agree to conduct my business in compliance with M.G.L. Chapter 111, Sections 31A, 31B, and 105 CMR 480.000 Storage and Disposal of Infectious , Physically Dangerous Medical Or Biological Waste, State Sanitary Code Chapter VIII and any rules, regulations or policy of the Town of Ipswich.

Signature_____Date_____

UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, CHAPTER 233, SECTION 35, ACTS OF 1983, YOU ARE REQUIRED TO COMPLETE THE FOLLOWING:

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the pains and penalties of perjury, that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or
Federal Identification Number

Signature of Company or Corporate Officer

Corporate Officer (if applicable)